, PLAINTIFF	: FAMILY COURT DIVISION			
VS.	: PROTECTION FROM ABUSE :			
, DEFENDANT	: : NO.			
RULE				
AND NOW, this day of	, 20, a Rule is granted upon			
the Plaintiff,, to	show cause why the Final Protection			
From Abuse Order dated	, entered by this Court, the			
Honorable	presiding, under the Protection From			
Abuse Act, should not be opened.				
A hearing will be held on the	day of, 20, in			
Courtroom, at 1501 Arch Street, Philadelphia, Penr	nsylvania 19102, at a.m./p.m.,			
to determine whether the requested relief will be granted	d.			

BY THE COURT:

J.

, PLAINTIFF	:	FAMILY COURT DIVISION
VS.	:	PROTECTION FROM ABUSE
	:	
, DEFENDANT	:	NO.

ORDER

AND NOW, this _____ day of ______, 20____, it is ORDERED, ADJUDGED and DECREED that the PETITION TO OPEN DEFAULT JUDGMENT in the above-captioned matter, is hereby granted.

BY THE COURT:

J.

	PLAINTIFF : vs. : DEFENDANT :	FAMILY COURT DIVISION PROTECTION FROM ABUSE NO.
	PETITION OPEN DEFAULT	JUDGMENT
1.	My name is I am Defendant in the above-cited case. My address is Confidential or as follows (street, city	
2.	The other Party is who is the	l resides at (street, city, state, zip):
	On, the Plaintiff appeared before the in an action filed under the Protection From Abuse Act.	NO:
	as Exhibit "A"). I,, request that the Co	urt open the Default Judgment issued
	on, for the follow	ving reasons:

A	 	 	
R			
D		 · · · · · · · · · · · · · · · · · · ·	
_			
C	 	 	

WHEREFORE, for the reasons set forth above, I request that the Court open the Default

Judgment entered by the court.

Date

Signature

VERIFICATION

I verify that the statements made in this petition are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa.C.S.A. § 4904 relating to unsworn falsification to authorities.

Date

Petitioner

, PLAINTIFF	: FAMILY COURT DIVISION			
VS.	: PROTECTION FROM ABUSE			
, DEFENDANT	: : NO.			
AFFIDAVIT OF SE	RVICE			
I,, the undersigned, here	eby state that I served a copy of the Rule,			
the Order and Petition in the above-captioned	action by handing the papers to			
at the following addres	S:			
on the day	v of, 20, at			
approximately o'clock m.				
I verify that the statements made in this Affidavit are	true and correct. I understand that false			
statements herein are made subject to the penalties of	18 Pa.C.S.A. § 4904, relating to unsworn			
falsification to authorities.				
(Signature)				
(Title)				
(Address)				
(Date)				

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PERSON WHO SERVED THE RULE, THE ORDER AND PETITION TO OPEN DEFAULT JUDGMENT. IT MUST BE FILED WITH THE PROTHONOTARY OR BROUGHT TO THE COURT ON THE HEARING DATE.